

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		4/20
O.I.P.E. CLASSIFIER		12	4/22
FORMALITY REVIEW	28	71503	7-28-99

REV  
PTO-1

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7/14/00
2	9/20/00
3	1/21/04
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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